

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) EI Super PAC Voto Latino		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00623603 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Targeted Platform Media, LLC			Date of Public Distribution/Dissemination		
Mailing Address 1291 Hollywood Ave			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
City Annapolis	State MD	Zip Code 21403-4909	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">132919.00</div>		
Purpose of Expenditure Television Advertising		Category/Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">004</div>	Transaction ID : VSGE69T0V33 Date of Disbursement or Obligation		
Name of Federal Candidate Donald J. Trump			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">407077.45</div>					

Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>		
City	State	Zip Code	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>		
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>	Date of Disbursement or Obligation		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">132919.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">132919.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Raben

[Electronically Filed]

Date

09

29

2016

Signature